

Stormwater Structure Field Screening/Inspection Checklist

1. Outfall No.: _____ 1a. Structure No.: _____ 1b. Address: _____

2. Inspector: _____ 3. Inspection Date: _____ 4. Last Rain Date: _____

5. Outfall Data:

☐ RCP ☐ CMP ☐ VCP ☐ Other _____ Pipe Size: _____ inches Condition: _____

Structure Data:

Condition: _____ Invert(s): _____ Invert dia.(s): _____

6. Visible Flow? ☐ Yes ☐ No 6a. Flow depth: _____ inches 6b. Est. Flow: _____ cfs

6c. Flow direction (toward or away from outfall location): _____

If yes, check all that apply - go to #7. If no, check as needed - skip #7.

☐ Colored water (describe) _____ ☐ Oily Sheen

☐ Odor*(describe) _____ ☐ Sludge present

☐ Murky ☐ Clear water

☐ Floating objects (describe) _____ ☐ Stains on conveyance/pad

☐ Absence of plant life at point of discharge ☐ Notable difference in discharge plant life at point of discharge

☐ Scum ☐ Suds ☐ Other: _____

*E.g., rotten eggs, oil, gasoline, chemical, chlorine, earthy, sewage, etc.

7. Water Quality Sample Data:

Type: ☐ Grab ☐ Other: _____ Analysis: ☐ Test Kit ☐ Lab: _____

☐ pH Test method: _____ Test Results: _____

☐ Total Chlorine Test Method: _____ Test Results: _____

☐ Total Copper Test Method: _____ Test Results: _____

☐ Phenol Test Method: _____ Test Results: _____

☐ Surfactants Test Method: _____ Test Results: _____

☐ Fecal Coli. Test Results: _____ ☐ Fecal Strep. Test Results: _____

☐ Other: _____

☐ Other: _____

8. Was there any unusual piping, ditches, overland flow directed to the storm water infrastructure? ☐ Yes ☐ No

If yes, explain: _____

9. Was there evidence of sanitary sewer overflows in area? ☐ Yes ☐ No

If yes, give location(s): _____

10. General Comments: _____

11. Photographs Taken: ☐ Yes ☐ No **12. Smoke Test:** ☐ Yes ☐ No Of: _____

Inspector's Signature: _____ **Database Record Date:** _____ **By:** _____